

# **EXHIBIT C**

## SWORN STATEMENT IN PROOF OF LOSS

1101257

\$ 258,000.00  
AMOUNT OF POLICY AT TIME OF LOSS

POLICY NUMBER

April 18 04  
DATE ISSUEDNationwide  
AGENCY ATApril 18 06  
DATE EXPIRESParker Agency  
AGENTTo the \_\_\_\_\_  
of \_\_\_\_\_  
At time of loss, by the above indicated policy of insurance you insured \_\_\_\_\_against loss by \_\_\_\_\_ to the property described under Schedule "A", according to  
the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.  
1. **Time and Origin:** A unknown STATE KIND loss occurred about the hour of unknown clock unknownon the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_. The cause and origin of the said loss were: \_\_\_\_\_  
Unknown2. **Occupancy:** The building described, or containing the property described, was occupied at the time of the loss as follows, and for  
no other purpose whatever: Bottling equipment and mis. equipment for the  
bottling of water.3. **Title and Interest:** At the time of the loss the interest of your insured in the property described therein was \_\_\_\_\_  
cCharles W. Parrott No other person or persons had any interest therein or  
incumbrance thereon, except: No vested montiary intrest to be paid out.4. **Changes:** Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession,  
location or exposure of the property described, except: NO5. **Total Insurance:** The total amount of insurance upon the property described by this policy was, at the time of the loss,  
\$ 258,000.00, as more particularly specified in the apportionment attached under Schedule "C", besides which there was  
no policy or other contract of insurance, written or oral, valid or invalid.6. **The Actual Cash Value** of said property at the time of the loss was ..... \$ 300,000 plus7. **The Whole Loss and Damage** was ..... \$ 300,000 plus8. **Less Amount of Deductible** ..... \$ 1,000.009. **The Amount Claimed** under the above numbered policy is ..... \$ 258,000.00 plus  
any additional rimedies adThe said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by  
or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void, no articles are mentioned  
herein or in annexed schedules but such as were destroyed or damaged at the time of said loss, no property saved has in any manner been  
concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other informa-  
tion that may be required will be furnished and considered a part of this proof.The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of  
its rights.State of Alabama  
County of Jalapaosa Charles W. Parrott InsuredSubscribed and sworn to before me this 18 day of January 20 06Deloris Riddle Notary Public

EXHIBIT C

425:40 60-12-100